

Indiana Mine Subsidence Insurance Fund
Premium and Policy Summary Report

Company/Group Name: _____

NAIC: _____ NAIC Group: _____ Year: _____ Quarter: _____

Pursuant to the requirements established in the Plan of Operations and the Reinsurance Agreement between this company and the Indiana Mine Subsidence Insurance Fund, the undersigned certifies that the following is an accurate statement of the transactions:

Premium Transactions

Gross Premium Written:	
Cancellation & Returned Premium:	
Adjusted Gross Premium:	
Commission Due Company (30%):	
Net Premium Due IMSIF:	

Policy and Structure Counts

Total Policy Count:	
Total # of Dwelling Structures Count:	
Total # of Non Dwelling Structures Count:	

Policy Count by County

COUNTY	COUNT	COUNTY	COUNT	COUNTY	COUNT
11 Clay		51 Martin		67 Putnam	
13 Crawford		53 Monroe		74 Spencer	
14 Daviess		54 Montgomery		77 Sullivan	
19 Dubois		59 Orange		82 Vanderburgh	
23 Fountain		60 Owen		83 Vermillion	
26 Gibson		61 Parke		84 Vigo	
28 Greene		62 Perry		86 Warren	
42 Knox		63 Pike		87 Warrick	
47 Lawrence		65 Posey			

This report is to be completed and received by Indiana Mine Subsidence Insurance Fund no later than 45 days after the end of the quarter. Checks should be made payable to the Indiana Mine Subsidence Insurance Fund and sent along with the completed form to: **Indiana Department of Insurance, 311 W. Washington St., Suite 103, Indianapolis, IN 46204-2787 Attn: Mine Subsidence.**

**** DATA PROVIDED SHOULD RECONCILE TO POLICY DETAIL REPORT ELECTRONICALLY SUBMITTED ****

Prepared by: _____ Title: _____

Signature: _____ E-Mail: _____

Telephone: _____